

# Medical Scholars Academy

Margaret Mary Health  
in partnership with East Indiana Area Health Education Center

## Summer 2018 Application Packet



- A summer program for students interested in pursuing health professional careers.
- Program meets mornings of July 10-12, and 17-19 in Batesville, Indiana.
- Program includes shadowing experiences with multiple health professionals, hands-on health care activities, and a trip to a college health science program (*Trip will require a full day on July 17*).
- Academically qualified rising high school juniors and seniors, as well as graduating seniors (class of 2018) from school corporations in the Margaret Mary Health service area are encouraged to apply.
- Program cost is \$100 which must be paid prior to the start of the program (*financial aid available for students who qualify*).
- Successful applicants will be interviewed by EI-AHEC staff prior to the start of the program in order to facilitate job-shadowing experiences that best match applicant's areas of interest.

### Completed Application Checklist:

- Applicant Information Sheet
- Applicant Background Form
- Applicant Short Essay (attach separate sheet)
- Participation Agreement & Consent Form
- Reference Form

Completed applications must be received by **Friday, April 13, 2018**

Submit applications to:

East Indiana Area Health Education Center  
13 E. George Street, Suite B  
Batesville, IN 47006  
Attn: Summer Medical Scholars Academy

Phone: 765-251-8551

Fax: 812-933-0096

E-mail: [info@eiahec.org](mailto:info@eiahec.org)



## Summer 2018 Medical Scholars Academy Application

### Applicant Information

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Indiana Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent Email: \_\_\_\_\_

Student Email: \_\_\_\_\_

Race (check all that apply):

- African-American/Black                       Asian                       White  
 American Indian/Native American                       Native Hawaiian/Pacific Islander

Student Ethnicity:

- Hispanic/Latino                       Not Hispanic/Latino

Do you receive free/reduced lunch at school?       Yes       No

Are you a 21<sup>st</sup> Century Scholar?                       Yes       No

Did either of your parents graduate from college?       Yes       No

*Based on factors indicated by the three yes/no questions above, do you wish to be considered for financial aid to participate in this program?*       Yes       No

### High School Information

School Name: \_\_\_\_\_

School City: \_\_\_\_\_ School State: Indiana

Current GPA: \_\_\_\_\_ Anticipated Graduation Year: \_\_\_\_\_



## Summer 2018 Medical Scholars Academy Applicant Background

A. Short Essay - Explain why you should be selected to participate in the Summer 2018 Medical Scholars Academy. Tell about your interest in pursuing a health career, your college and career goals, and why you have chosen a health career for your future.

***Please type or print your response on a separate sheet of paper and attach to the completed application packet.***

B. What are some of your hobbies, awards, and extra-curricular activities (both school-based activities and out-of-school activities are appropriate)?

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C. This program may involve bus travel, time outdoors, and physical activity. List any special circumstances that might affect your ability to participate in these activities (e.g., medical condition) or anything else that you think the program needs to know (e.g., you are a vegetarian).

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## Summer 2018 Medical Scholars Academy Participation Agreement

If selected to participate in the Summer 2018 Medical Scholars Academy, I agree that:

I will report on time and conduct myself with dignity, courtesy, and consideration towards others. I understand that my personal appearance should be neat and clean. I shall wear appropriate clothing as explained by EI-AHEC or MMH personnel including long pants, closed toe shoes, no tank tops, no midriffs showing.

I will fulfill my commitment by attending each session in its entirety and completing any individual or group assignments outside of the bi-weekly sessions.

I understand it is the responsibility of the participant and his/her family to provide transportation to and from each academy session.

I understand that I will be expected to comply with Margaret Mary Health privacy and safety protocols for the protection of both patients and students including:

- Following patient confidentiality rules at all times
- Undergoing a tuberculosis skin test (TST) administered by MMH staff
- Undergoing a urine drug screen administered by MMH staff
- Having my immunization record reviewed by MMH staff

I understand that the program staff reserves the right to terminate my status if:

- I fail to abide by patient privacy and safety regulations.
- I fail to comply with any rule or policy of EI-AHEC or clinical health site partners.
- I am absent without notice.
- I am unsatisfactory in my appearance or attitude.

I have read and understand the contents of this form. If accepted to the Summer 2018 Medical Scholars Academy, I agree to follow the above provisions.

Applicant Name (please print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian Consent

If selected, (applicant name) \_\_\_\_\_ has permission to participate in the Summer 2018 Medical Scholars Academy.

Parent/guardian Name (please print): \_\_\_\_\_

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Summer 2018 Medical Scholars Academy Reference Form

A reference form is required for each applicant. This should be completed by a teacher, counselor, or other non-family member who can speak on behalf of the student's interest and ability to participate in the camp. We are looking for students who show strong interest in health careers, who show academic aptitude, who act as team players, and who will benefit from and appreciate this experience.

### Student/Parent to complete the following:

Student's name: \_\_\_\_\_

Permission is granted to send the following information to the Admissions Committee for the Summer 2018 Medical Scholars Academy:

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Reference to complete the following:

Name of person completing form: \_\_\_\_\_

Organization: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Student's strengths:

Student's weaknesses:

Comments:

I recommend this student for participation in the Medical Scholars Academy.

I do not recommend this student for participation in the Medical Scholars Academy.

Reference signature: \_\_\_\_\_ Date: \_\_\_\_\_